



**FEE BASIS  
Version 3.5  
USER MANUAL**

**Replacement Pages**

For  
**State Home Authorizations**  
Patch FB\*3.5\*13

**March 1999**

Department of Veterans Affairs  
Technical Services  
Financial Product Line



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# Introduction

A veteran is authorized Fee Basis care if s/he is legally eligible for such care and VA facilities are not feasibly available to meet the patient's medical needs. The authorization may be for non-VA hospitalization, community nursing home care, short term care, ID card status for ongoing outpatient care, or for home health services which authorize home health visits only. Veterans authorized Fee Basis care may be reimbursed for:

- Travel expenses from their home to the fee provider
- Prescription services in emergent situations
- Non-VA hospitalization and outpatient care

Upon entering the Fee Basis Main Menu, you will see a list of your open batches. The display includes information such as:

- Batch number
- Batch type
- Obligation number
- Date opened

The system will display a message if you have no open batches.

Following are the main features of the Fee Basis package.

- Ability to perform the entire fee for service process from entering patient authorizations and vendors to transmitting completed batch data to Austin for payment.
- Quick, easy, and accurate access to a patient's payment history.
- Completion of previously repetitive actions.
- Efficient administration of the Hometown Pharmacy program.
- Ability to set up authorizations for Community Nursing Home and Contract Hospital, and process payments for services provided.
- Processing of payments ancillary to Contract Hospital and unauthorized inpatient claims.
- Establishing a fee schedule and a pricer check for payment of medical claims.
- Ability to create and edit State Home authorizations.

The DHCP Fee Basis software product is fully integrated with V. 20.0 of VA FileMan and V. 7.1 of the Kernel. V. 3.5 is also integrated with the 1358 module of IFCAP. When outpatient batches are released for payment, there will be a posting to the appropriate 1358. For inpatient batches, the estimated amount from the VA Form 10-7078, as well as the actual amount, will be posted to the 1358 when batches are released for payment. The Fee Basis package interfaces with the ADT (Admission-Discharge-Transfer) DHCP module of the PIMS (Patient Information Management System (formerly MAS)) package to provide users access to registration data entered through ADT options. It also integrates with the IB (Integrated Billing) package for patient insurance data. Integration with CPT V. 5.0 allows for entry of modifiers for CPT codes. Integration with the Patient Treatment File (PTF) allows for the creation of Non-VA PTF Records.

Related manuals include the Fee Basis V. 3.5 Technical Manual which provides technical computer personnel with information necessary for technical operation of the software product; the Fee Basis V. 3.5 Release Notes which provide an overview of features and functions new to this version; the Fee Basis V. 3.5 Installation Guide which provides information necessary to install the software; the Fee Basis V. 3.5 Package Security Guide which includes sensitive information related to the software; and the Fee Basis Guide Book supplied by Central Office.

Use of the Fee Basis software provides for more efficient and accurate operation of the Fee Basis program with reduction of paperwork, savings in man-hours, and minimization of error. It allows the medical centers a tighter control over disbursement of Fee Basis funds due to enhancement of collection, maintenance, and output of patient and vendor payment data.



## **SECTION 7**

### **STATE HOME MAIN MENU**

#### **Overview**

Following is a brief description of each option contained in the State Home Main Menu.

**ENTER NEW STATE HOME AUTHORIZATION** – used to enter a new State Home authorization for a patient.

**CHANGE A STATE HOME AUTHORIZATION** – used to edit an existing State Home authorization for a patient. This option should be used to update the **TO DATE** of an authorization when a patient is discharged.

**DELETE A STATE HOME AUTHORIZATION** – used to delete an existing State Home authorization that was entered in error.

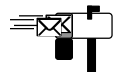
**REINSTATE STATE HOME AUTHORIZATION** – used to reinstate a previously deleted State Home authorization for a patient.

**ACTIVE AUTHORIZATION REPORT** – generates a report of authorizations whose **FROM DATES** and **TO DATES** overlap any portion of a user-specified date range. If the **STATE HOME** program is selected, a count of authorization days that fall within the user-specified date range will be shown. Note that the authorization **TO DATE** is not included in the count of days.

## Enter New State Home Authorization



FBAA ESTABLISH VENDOR - required to enter new vendors.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data



New insurance information may be uploaded into IB files through this option.

### Introduction

The Enter New State Home Authorization option is used to enter a new State Home authorization for a patient. In order to enter a State Home authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION. The level of care must be specified with a purpose of visit code.

The system does not allow two different State Home authorizations to have the same FROM DATE. Additionally, State Home authorizations cannot overlap except that the TO DATE of one authorization is permitted to equal the FROM DATE of another authorization.

State Home authorization data is transmitted to Central FEE in Austin via Veteran Master Record Adjustment (MRA) messages.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding new Insurance Data/reporting Discrepancies to MCCR."

NOTE: The Enter New State Home Authorization option cannot be used to edit a previously entered authorization. An authorization can be edited through the Change a State Home Authorization option (see page 7-5 for additional information).

**Enter New State Home Authorization****Example**

Select PATIENT NAME: **CARDILLO, GEORGE X**

CARDILLO,GEORGE X  
123 MAIN ST  
SALEM  
NEW YORK 12233

Pt.ID: 012-67-8904  
DOB: DEC 25,1945  
TEL: Not on File  
CLAIM #: 3457890  
COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984  
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 30%  
Rated Disabilities: NONE STATED

Health Insurance: NO  
Insurance COB Subscriber ID Group Holder Effective Expires

=====

No Insurance Information

Want to add NEW insurance data? No// <RET>

Are there any discrepancies with insurance data on file? No// <RET>

Patient Name: CARDILLO,GEORGE X

Pt.ID: 012-67-8904

AUTHORIZATIONS:

(1) FR: 12/01/98      VENDOR: Not Specified  
TO: 01/15/99

Authorization Type: STATE HOME

Purpose of Visit: STATE HOME ADHC

DX:

County: RENSSELAER

PSA: Unknown

REMARKS:

test remarks.

Enter RETURN to continue or '^' to exit: <RET>

## Enter New State Home Authorization

### Example, cont.

```
Enter FROM DATE: 1/15/99          (JAN 15, 1999)
Enter TO DATE: 9/20/2001         (SEP 20, 2001)

AUTHORIZATION PURPOSE OF VISIT CODE: STATE HOME NH      89

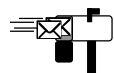
VENDOR: BAYSIDE STATE NH          541991111 ALL OTHER PARTI
1211 WATER ST                     (Awaiting Austin Approval)
ANYWHERE, VA 23669                TEL. #: 555-5555

AUTHORIZATION REMARKS:
No existing text
Edit? NO// <RET>
```

## Change a State Home Authorization



FBAA ESTABLISH VENDOR - required to enter new vendors.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data



New insurance information may be uploaded into IB files through this option.

### Introduction

The Change a State Home Authorization option is used to edit a previously entered State Home authorization. This option should be used to update the TO DATE of an authorization when the patient is discharged. Note that the FROM DATE of an authorization cannot be edited. If an incorrect FROM DATE is entered, the authorization should be deleted with the Delete a State Home Authorization option (see page 7-8 for additional information).

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

## Change a State Home Authorization

### Example

Select PATIENT NAME: **CARDILLO,GEORGE X**

CARDILLO,GEORGE X  
123 MAIN ST  
SALEM  
NEW YORK 12233

Pt.ID: 012-67-8904  
DOB: DEC 25,1945  
TEL: Not on File  
CLAIM #: 3457890  
COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984  
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 30%  
Rated Disabilities: NONE STATED

Health Insurance: NO  
Insurance COB Subscriber ID Group Holder Effective Expires  
=====

No Insurance Information

Want to add NEW insurance data? No// **<RET>**

Are there any discrepancies with insurance data on file? No// **<RET>**

Patient Name: CARDILLO,GEORGE X

Pt.ID: 012-67-8904

#### AUTHORIZATIONS:

(1) FR: 01/15/99           VENDOR: BAYSIDE STATE NH - 541991111  
TO: 09/20/01

Authorization Type: STATE HOME  
Purpose of Visit: STATE HOME NH  
DX:  
County: RENSSELAER                   PSA: Unknown

(2) FR: 12/01/98           VENDOR: Not Specified  
TO: 01/15/99

Authorization Type: STATE HOME  
Purpose of Visit: STATE HOME ADHC  
DX:  
County: RENSSELAER                   PSA: Unknown

REMARKS:  
test remarks.

Enter RETURN to continue or '^' to exit: **<RET>**

## Change a State Home Authorization

### Example, cont.

Patient Name: CARDILLO,GEORGE X Pt.ID: 012-67-8904

Enter a number (1-2): 1

FROM DATE: Jan 15, 1999 (No Editing)

Enter TO DATE: Sep 20, 2001// T (FEB 09, 1999)

PURPOSE OF VISIT CODE: STATE HOME NH// <RET>

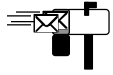
VENDOR: BAYSIDE STATE NH// <RET>

AUTHORIZATION REMARKS:

No existing text

Edit? NO// <RET>

## Delete a State Home Authorization



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data



New insurance information may be uploaded into IB files through this option.

### Introduction

The Delete a State Home Authorization option is used to delete a State Home authorization that was entered in error. A deleted authorization is retained on the local system with a status of AUSTIN DELETED. However, Central FEE in Austin will completely remove the deleted authorization from its database. Since a deleted authorization will be treated as if it never existed, this option should only be used to delete an authorization whose FROM DATE is incorrect.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."



**Delete a State Home Authorization****Example**

Select PATIENT NAME: **CARDILLO,GEORGE X**

CARDILLO,GEORGE X  
123 MAIN ST  
SALEM  
NEW YORK 12233

Pt.ID: 012-67-8904  
DOB: DEC 25,1945  
TEL: Not on File  
CLAIM #: 3457890  
COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984  
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 30%  
Rated Disabilities: NONE STATED

Health Insurance: NO  
Insurance COB Subscriber ID Group Holder Effective Expires

=====

No Insurance Information

Want to add NEW insurance data? No// <RET> NO

Are there any discrepancies with insurance data on file? No// <RET>

Patient Name: CARDILLO,GEORGE X

Pt.ID: 012-67-8904

**AUTHORIZATIONS:**

(1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111  
TO: 02/09/99

Authorization Type: STATE HOME  
Purpose of Visit: STATE HOME NH  
DX:  
County: RENSSELAER      PSA: Unknown

(2) FR: 12/01/98      VENDOR: Not Specified  
TO: 01/15/99

Authorization Type: STATE HOME  
Purpose of Visit: STATE HOME ADHC  
DX:  
County: RENSSELAER      PSA: Unknown

>> DELETE MRA SENT TO AUSTIN ON - 02/22/99 >>

Enter RETURN to continue or '^' to exit:

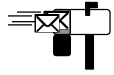
Enter a number (1-2): **1**

OK to DELETE the 1/15/99-2/9/99 authorization? **YES**

## **Reinstate State Home Authorization**



FBAE ESTABLISH VENDOR - required to enter new vendors.



A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data



New insurance information may be uploaded into IB files through this option.

## **Introduction**

The Reinstate State Home Authorization is used to reinstate a previously deleted State Home authorization. All information except the FROM DATE can be changed when a previously deleted authorization is reinstated.

**Reinstate State Home Authorization****Example**

Select PATIENT NAME: **Cardillo, George X**

CARDILLO,GEORGE X  
123 MAIN ST  
SALEM  
NEW YORK 12233

Pt.ID: 012-67-8904  
DOB: DEC 25,1945  
TEL: Not on File  
CLAIM #: 3457890  
COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984  
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 30%  
Rated Disabilities: NONE STATED

Health Insurance: NO  
Insurance COB Subscriber ID Group Holder Effective Expires

=====

No Insurance Information

Want to add NEW insurance data? No// **<RET>** NO

Are there any discrepancies with insurance data on file? No// **<RET>** NO

Patient Name: CARDILLO,GEORGE X

Pt.ID: 012-67-8904

**AUTHORIZATIONS:**

(1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111  
TO: 02/09/99

Authorization Type: STATE HOME

Purpose of Visit: STATE HOME NH

DX:

County: RENSSELAER      PSA: Unknown

>> DELETE MRA SENT TO AUSTIN ON - 02/11/99 >>

Is this the correct Authorization period (Y/N)? Yes// **YES**

FROM DATE: Jan 15, 1999 (No Editing)

Enter TO DATE: Feb 09, 1999// **<RET>** (FEB 09, 1999)

PURPOSE OF VISIT CODE: STATE HOME NH// **<RET>**

VENDOR: BAYSIDE STATE NH// **<RET>**

AUTHORIZATION REMARKS:

No existing text

Edit? NO// **<RET>**

## Active Authorization Report

### Introduction

The Active Authorization Report option is used to generate a list of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. The list is first sorted by purpose of visit, then by vendor, and finally by patient. If the report is run for the STATE HOME program, the number of authorization days that fall within the user-specified date range will be reported under the DAYS column. Note that the authorization TO DATE is not included in this value. Deleted authorizations are not included in the output since they were entered in error.

### Example

```
Select State Home Main Menu Option: Active Authorization Report
Select FEE BASIS PROGRAM NAME: STATE HOME// <RET>
For ALL Purpose of Visits? Y/N? YES// <RET>
From Date: Jan 01, 1999// <RET> (JAN 01, 1999)
To Date: Jan 31, 1999// <RET> (JAN 31, 1999)
Print authorization remarks? NO// <RET>
DEVICE: HOME// <RET> UCX/TELNET RIGHT MARGIN: 80// <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 1
FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM
FOR ALL PURPOSE OF VISIT(S)
```

VETERAN	Pt. ID	DAYS	AUTHORIZATION	
			FROM DATE	TO DATE
-----				
POV: STATE HOME ADHC				
Vendor: not specified				
CARDILLO,GEORGE X DOB: DEC 25,1945	012-67-8904	14	Dec 01, 1998	Jan 15, 1999
-----				
Vendor Subtotal:	Count:	1	Days:	14
=====				
POV Subtotal:	Count:	1	Days:	14
Enter RETURN to continue or '^' to exit: <RET>				

**Active Authorization Report****Example, cont.**

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 2

FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM

FOR ALL PURPOSE OF VISIT(S)

VETERAN	Pt. ID	DAYS	AUTHORIZATION	
			FROM DATE	TO DATE
-----				
POV: STATE HOME NH				
Vendor: BAYSIDE STATE NH				
BACON,JOSEPH	106-10-4877	31	Dec 15, 1998	Feb 09, 1999
DOB: 1914				
CARDILLO,GEORGE X	012-67-8904	17	Jan 15, 1999	Feb 10, 1999
DOB: DEC 25,1945				
Vendor Subtotal:		Count: 2	Days: 48	
Enter RETURN to continue or '^' to exit: <RET>				

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient						FEB 23, 1999@13:23:23		page 3
FROM Jan 01, 1999 TO Jan 31, 1999						FOR THE STATE HOME PROGRAM		
FOR ALL PURPOSE OF VISIT(S)								
VETERAN		Pt. ID		DAYS	AUTHORIZATION			
					FROM DATE		TO DATE	
-----								
POV:STATE HOME NH (continued)								
Vendor: not specified								
ANDREW,ANNA		425-89-6666		31	Dec 09, 1998		Feb 01, 1999	
DOB: MAY 5,1955								
		----			----			
Vendor Subtotal:		Count:	1	Days:	31			
		=====			=====			
POV Subtotal:		Count:	3	Days:	79			
4 Authorizations on report								
Enter RETURN to continue or '^' to exit: <RET>								

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